

Early Intervention Training Center
Competency Education Credit (CEC)

APPLICATION FORM FOR INDIVIDUALS

SECTION 1: Application Cover Page (Required for all applicants)

A. Applicant Information:

Applicant Name: _____

Agency Name (if applicable): _____

Address: _____

State: _____ Zip Code: _____

Telephone: _____

Fax: _____

E-Mail: _____

B. Application Type:

☐ Single Workshop

☐ Conference: Number of workshops: _____ (Complete application for each workshop)

☐ Distance Learning

A certificate of completion or equivalent must be submitted with all applications.

C. Title of Offering: _____

D. Training Site (City and State): _____

E. Date of Offering: _____

F. Presenters: _____

G. Number of Instructional Hours: (*Indicate field experience hours if applicable*) _____

H. Competency Indicators to Be Addressed:

List competencies and indicate where the supporting evidence is located:

Competencies Requested:

Location of Evidence in your Application:

I certify that all of the information provided with this application is accurate and complete.

Signature

Date

SECTION 2: Training Information (Required for all applicants)

A. Abstract/Overview: *Provide a brief overview of the training. Please describe how this workshop reflects applicable core values of EI. (Respect, family centeredness, individualization, community, lifelong learning, and team collaboration) An example of appropriate Abstract/Overview is information used to advertise this training.*

B. Participant Learning Outcomes: *List the expected outcomes for participants, being as clear and specific as possible. Include information about the specific knowledge and skills addressed.*

C. Methodology: Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Small group interactive discussion | <input type="checkbox"/> Role play |
| <input type="checkbox"/> Large group lecture format/didactic presentation | <input type="checkbox"/> Hands-on, experiential |
| <input type="checkbox"/> Video | <input type="checkbox"/> On-line discussion |
| <input type="checkbox"/> Structured field experience (attach description; may not exceed 15% of total instructional hours): | <input type="checkbox"/> Project/assignments (attach detail) |
- Other, please describe: _____

D. Evaluation: *Briefly describe how this educational offering influenced your works as an Early Intervention Specialist.*

E. Required attachments and information:

Single Workshop/Distance Learning/Conference Applications	
Training Outline and Materials: Check all that apply: <input type="checkbox"/> Handouts <input type="checkbox"/> Slides/Overheads <input type="checkbox"/> Bibliography/Resource List <input type="checkbox"/> Other	Be sure to include any powerpoint or presentation materials and indicate where the key concepts and content are covered in this training . Be clear about how the competencies were addressed Include books, journal articles, videos, internet resources, brochures, and other resources in the bibliography/resource list as applicable.
Agenda:	Include timeframe of instructional activities
Instructor Information/Training Organizer	Attach brochure or information about who offered the training
Proof of Attendance	Certificate of completion or attendance must be attached

SECTION 3: Training Hours and Number of Competency Allowed:

The requirements for instructional time are as follows: a **minimum** of 1.5 hours are required for a single competency indicator. Multiple indicators can be addressed in the same training, with the requirement of a minimum of 1 hour per competency indicator, as indicated in the chart below:

<u>Length of Workshop</u>	<u># of Competencies</u>
Less than 1.5 hours	0
1.5 hours	1
2 hours	2
3 hours	3
4 hours	4
Etc.	

SECTION 4: Application Timelines

Application Process Timelines	A panel of parents, Early Intervention specialists or administrators, and Early Intervention Training Center staff review applications on the following schedule:
<i>Application Deadline:</i>	<i>Notification of Assignment on or about:</i>
February 1	March 1
April 1	May 1
June 1	July 1
August 1	September 1
October 1	November 1
December 1	January 5

Send one original and three copies of your completed application package to:

Mary Beth Curley
Massachusetts Department of Public Health
250 Washington Street, 5th floor
Boston 02108

617-994-9809

**** Please note that there is no fee associated with this application process.***